KANSAS STATE CORPORÀTION COMMISSION

WELL PLUGGING SUPERVISOR'S REPORT

TO: Jewel M. Ogden, Director 500 Insurance Building 212 North Market

Reviewed:

Remarks://



Wichita 2, Kansas Location: NF 5W 5W File No. County: **季以 Rge. 吾 (E) (W) 2** Total Depth: 60/2 Name of Field or Pool:\_\_\_\_ I have this date completed supervision of plugging of: Well No. /5-3 Lease adams Operator's Full Name Complete Address: Box 985 Plugging Contractor: \_\_\_License No. Address: Abandoned Oil Well\_\_\_\_ Gas Well\_\_\_ Input Well\_\_\_ SWD Well\_\_\_ D & A\_\_\_\_ If well is a rotary drilled dry hole did operators wait for you to arrive\_\_\_\_ If yes how long Reason: Month March Year 1960 Operation Completed: Hour The above well was plugged as follows: I hereby certify that the above well was plugged as herein stated and that I was present while the above well was being plugged. Signed: Well Plugging Supervisor I hereby state that I was not present while the above well was being plugged, however, to the best of my knowledge and belief it was plugged as herein stated. A full account for my not being present is as follows: Signed:\_\_\_\_ Hield Supervisor